

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8777. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

95  
**Executive Lobbyist Registration No.**

**FOR OFFICE USE ONLY**  
Postmark Date: 2-14-04

*Supp-08*

**2071357**

1. NAME McKearn Kristy G  
Last First MI

NAME CHANGE N/A  
Last First MI

2. BUSINESS PHONE 225-381-7028  
(Area Code) Phone Number

3. FAX PHONE 225-343-3612

4. BUSINESS ADDRESS 301 North Main St., Suite 81C Baton Rouge, LA 70825  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

5. EMPLOYER Baker Donelson, Bearman, Caldwell & Berkowitz

6. EMPLOYER'S ADDRESS Same  
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes        No       

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name Educational Testing Service (ETS)

Address 1800 K Street, N.W. Washington DC 20006

Business or purpose testing service

New Representation

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

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2) Name ArmorGroup North America, Inc.  
Address 1420 Spring Hill Rd, Suite 300 McLean, VA 22102  
Business or purpose risk management service

New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of 2/1/08

3) Name APS Healthcare, Inc.  
Address 8463 Calesville Rd Silver Spring, MD 20910  
Business or purpose Healthcare

New Representation  
Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
Signature of Lobbyist